Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Special Education Evaluation Request

TO:	Child Find Coordinator
FAX #:	
FROM:	Early On® Oakland
RE:	Child's Name: Date of Birth: Parents: Address: Phone #:
DATE:	

This child is currently enrolled in Early On® Oakland. I suspect this child may be eligible for Special Education services and am referring to you for an evaluation, under Michigan Administrative Rules for Special Education (R340.1721) to determine eligibility. The parent/guardian has agreed to this referral. The reason for the referral is based on the following information:

☐ Results from a developmental assessment noting concerns in the following areas:

☐ Fine Motor ☐ Gross Motor ☐ Adaptive/Self Help
☐ Communication ☐ Cognition ☐ Social – Emotional
☐ Other *(please specify):*_____

☐ The child has not made progress as expected
☐ The assessment data does not indicate a referral, but the parent has requested an evaluation with the local school district
☐ Other:

Attached you will find a copy of the most recent development assessment and IFSP. If you feel this is not an appropriate referral or if you need additional information, please contact me.

Early On® Service Coordinator:

Agency: Phone: